

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>TD</i>		<i>9.13.00</i>
O.I.P.E. CLASSIFIER		<i>7/435</i>	<i>9/19/00</i>
FORMALITY REVIEW			<i>10/21/00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>8/17/00</i>
2	<i>8/17/00</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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